

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40436

State File No. \_\_\_\_\_

Registrar's No. 2010

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 25467			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2nd Robberson</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2nd Robberson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willard Rt. 2</u>				d. STREET ADDRESS (If rural, give location) <u>Willard Rt. 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Coy</u>		b. (Middle) <u>Everett</u>		c. (Last) <u>Long</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 13 1886</u>		9. AGE (In years last birthday) <u>64</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Buford Long</u>		13b. MOTHER'S MAIDEN NAME <u>Milissa Atchley</u>			
14. NAME OF HUSBAND OR WIFE <u>Cordia Long</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cordia Long Willard Rt. 2</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Sarcinoma</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____  20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Aug 7, 1950</u> to <u>12-5, 1950</u> , that I last saw the deceased alive on <u>12-5, 1950</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>[Signature]</u> (Date of signature) <u>12-13-50</u>			
23b. ADDRESS <u>[Signature]</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-50</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Willard Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner &amp; Co. Springfield</u>			
DATE REC'D BY LOCAL REG. <u>12-14-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1957

JAN 3 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.